

DUE PROCESS – RESOLUTION SESSION – TRACKING FORM

ATTENTION LOCAL EDUCATION AGENCY (LEA): The Idaho State Department of Education (SDE) is required to collect data on the Resolution Session outcomes.

A representative of the LEA must complete this form. Please send a copy of the completed form along with any resolution agreements, mediation agreements, or written waivers to the SDE Dispute Resolution Office prior to your pre-hearing conference. The documents can be mailed or faxed to:

Idaho State Department of Education
Dispute Resolution Office
ATTN: DR. MELANIE REESE
PO Box 83720, Boise, ID 83720-0027
Fax: (208) 334-2228

Due Process Hearing Case Number: _____

Student Name: _____

Local Education Agency (LEA): _____

Authorized LEA Representative (Print Name): _____

Signature: _____ Date: _____

Resolution Period: Resolution Meeting

1. Was a Resolution Session held? ☐ YES ☐ NO

❖ If you answered NO to question #1, please go to question #4.

2. If YES, what was the date of the Resolution Session? _____

❖ If more than one Resolution Session was held, list all dates: _____

3. Was an agreement reached? ☐ YES ☐ NO

❖ If YES, was it a full or partial agreement? _____

❖ YES, but the agreement was voided within three (3) business days? ☐

4. If a Resolution Session was not held please select one of the following:

❖ ☐ The parties agreed, in writing, to waive the Resolution Session (see **Waiver of Resolution Session**).

❖ ☐ The Resolution Session was convened but the parent and/or adult student failed to attend (please describe your efforts in the Comments Section of this form and attach any relevant documentation).

❖ ☐ The LEA failed to convene the Resolution Session.

❖ ☐ The parties agreed to participate in mediation.

❖ ☐ The LEA filed the Due Process Hearing Request.

Waiver of Resolution Session

- ☐ We agree to waive the Resolution Session; or
- ☐ We agree to participate in mediation instead of a Resolution Session.

Parent(s) and/or adult student:

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

LEA:

Authorized LEA Representative (Print Name): _____

Signature: _____ Date: _____

**PROVIDE A COPY OF THIS SIGNED WAIVER TO YOUR SDE IMMEDIATELY
AS THIS WILL START YOUR 45-DAY HEARING TIMELINE**

Resolution Period: Impasse

- ☐ We agree that we participated in a Resolution Session, but no agreement is possible.
- ☐ We agree that we participated in mediation, but no agreement is possible.

Parent(s) and/or adult student:

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

LEA:

Authorized LEA Representative (Print Name): _____

Signature: _____ Date: _____

**PROVIDE A COPY OF THIS SIGNED IMPASSE TO YOUR SDE IMMEDIATELY
AS THIS WILL START YOUR 45-DAY HEARING TIMELINE**

Resolution Period: Mediation

1. Was mediation used in lieu of a Resolution Session? ☐ YES ☐ NO
2. If YES, what was the date of the mediation session? _____
3. Was an agreement reached? ☐ YES ☐ NO
 - a. If YES, was it a full or partial agreement? _____

COMMENTS (attach additional pages if necessary): _____
